

MANATEE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT	MEDICAID WAIVER AGREEMENT AMENDMENT #2	TYPE AGENDA ITEM	CONSENT
DATE REQUESTED	DECEMBER 8, 1998	DATE SUBMITTED/REVISED	NOVEMBER 24, 1998
BRIEFINGS?/WHO?	NONE	CONSEQUENCES IF DEFERRED	INABILITY TO ADMINISTER SERVICES TO SENIOR CITIZENS
DEPARTMENT/DIVISION	COMMUNITY SERVICES HUMAN SERVICES	AUTHORIZED BY TITLE	FREDERICK J. LOVELAND DIRECTOR
CONTACT PERSON TELEPHONE/EXTENSION	TRACIE ADAMS/JEANNE WATKINS EXT. 3030	PRESENTER/TITLE TELEPHONE/EXTENSION	CHERI CORYEA, HUMAN SERVICES MANAGER, EXT. 3003
ADMINISTRATIVE APPROVAL 			

ACTION DESIRED

INDICATE WHETHER ¹REPORT or ²DISCUSSION, ³FORM OF MOTION, or ⁴OTHER ACTION REQUIRED:

AUTHORIZATION FOR THE CHAIRMAN TO SIGN FY98/99 MEDICAID WAIVER AGREEMENT AMENDMENT #2 BETWEEN MANATEE COUNTY AND THE WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC. TO PROVIDE MEDICAID HOME AND COMMUNITY BASED SERVICES INCREASING THE SPENDING AUTHORITY BY \$109,248.53 FOR A TOTAL AGREEMENT AMOUNT OF \$521,705.53.

ENABLING/REGULATING AUTHORITY

Federal/State law(s), administrative ruling(s), Manatee County Comp Plan/Land Development Code, ordinances, resolutions, policy.)

13.1.4 EFFICIENCY IN SERVICE DELIVERY

BACKGROUND/DISCUSSION

• CONTINUED ON PAGE 2

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? Indicate "NO" or "YES" @ right. (If "NO," proceed to 1) below; and if "YES," proceed to 2) below) NO

1) IF "NO" TO ABOVE.

A) PLEASE EXPLAIN BELOW: (see also following section 1B) re: contract, agreement, lease, etc.:

FORM OF DOCUMENT IDENTICAL TO PRIOR YEARS APPROVED IN OPEN SESSION

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT: 1995

DEC 08 1998

2) IF "YES" TO FIRST QUESTION IN THIS SECTION.

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

N/A BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER **MUST BE ATTACHED** (if comments were verbal, so indicate.)

N/A

ATTACHMENTS: (List in order as attached) 11/12/98 Ltr. from WCFAGCA, Inc ✓ MEDICAID WAIVER HCBS AMENDMENT #2 (2 COPIES)	INSTRUCTIONS TO BOARD RECORDS: PLEASE RETURN TWO (2) ORIGINAL AMENDMENT #2 TO COMMUNITY SERVICES. ONE FULLY EXECUTED COPY WILL BE RETURNED WHEN EXECUTED BY FUNDING SOURCE ✓
COST \$521,705.53 FEDERAL/STATE FUNDS	SOURCE (ACCT# & NAME) 119 9000103 331612 MEDICAID WAIVER
COMMENTS <div style="text-align: center; font-size: 1.5em; font-family: cursive;">mam</div>	AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT) N/A

7.

BACKGROUND/DISCUSSION (CONTINUED ON PAGE 2):

- **1/1/93 MANATEE COUNTY BECAME THE LEAD AGENCY TO ADMINISTER THE MEDICAID WAIVER HOME AND COMMUNITY BASED SERVICES (HCBS) PROGRAM WHICH PROVIDES THE FOLLOWING SERVICES: CASE MANAGEMENT, HOMEMAKER, PERSONAL CARE, HOME DELIVERED MEALS, CONSUMABLE MEDICAL SUPPLIES, RESPITE, MEDICAL TRANSPORTATION, AND EMERGENCY ALERT/RESPONSE TO PERSONS 60 YEARS OF AGE AND OLDER TO PREVENT PREMATURE INSTITUTIONAL PLACEMENT.**
- **THE MEDICAID WAIVER AGREEMENT PROVIDES FOR THE COUNTY TO ADMINISTER THE HCBS MEDICAID WAIVER PROGRAM AND PROVIDES THE AUTHORITY FOR MANATEE COUNTY TO COORDINATE SERVICES FOR THIS PROGRAM FOR THE PERIOD OF JULY 1, 1998 THROUGH JUNE 30, 1999.**
- **TOTAL COST OF THE MEDICAID WAIVER HCBS PROGRAM (\$521,705.53) IS FUNDED WITH STATE AND FEDERAL DOLLARS WITH NO REQUIRED LOCAL MATCH.**
- **COUNTY IS REQUIRED TO IDENTIFY AND TRANSFER ELIGIBLE COMMUNITY CARE FOR THE ELDERLY (CCE) CLIENTS TO MEDICAID WAIVER SPENDING AUTHORITY.**
- **AMENDMENT #2 WILL PROVIDE THE NECESSARY APPROVAL TO INCREASE MEDICAID WAIVER BY \$109,248.53 OF WHICH \$48,266.00 WAS TRANSFERRED FROM CCE 99-3 RATE AGREEMENT, AND \$60,982.53 IS FEDERAL MATCH.**
- **THE ADDITIONAL \$109,248.53 WILL ALLOW APPROXIMATELY TWENTY-SIX (26) ADDITIONAL CLIENTS TO BE SERVED THROUGH THIS PROGRAM.**



**WEST CENTRAL FLORIDA
AREA AGENCY ON AGING, INC.**
5911 Breckenridge Parkway, Suite B
Tampa, Florida 33610-4240

(813) 623-2244
(800) 336 - 2226 [In FL.]
(813) 623-1342 [FAX]

SERVING HILLSBOROUGH, POLK, MANATEE, HIGHLANDS, AND HARDEE COUNTIES

November 12, 1998

RECEIVED

NOV 16 1998

MANATEE COUNTY
COMMUNITY SERVICES

Mr. Fred Loveland, Director
Manatee County Division of Human Services
P. O. Box 1000
Bradenton, Florida 34206

Re: 1998/99 Revised Medicaid Waiver Spending Authority

Dear Fred:

Enclosed please find two (2) copies of Amendment #2 to the 1998/99 Medicaid Waiver Spending Authority.

The Medicaid Waiver Spending Authority was increased by \$109,248.53, of which \$48,266.00 was transferred from Rate Agreement #CCE 99-3, and \$60,982.53 is federal match. The breakdown between the two funds for FFY Oct 98 - June 99 is 44.18% state and 55.82% federal. The revised 1998/99 Medicaid Waiver Spending Authority for Manatee County is **\$521,705.53**.

Please have both amendments signed, and return them to the attention of Maria Ciliberti, Grants Manager, as soon as possible. We appreciate your assistance in this process.

Sincerely,

Brian Jeronimus
Fiscal Director

BJ:mrc
enclosures

cc: Kathryn Elliston-Kelly, Program Manager, WCFAAA
1998/99 Medicaid Waiver Spending Authority File

